

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		4				
20		4				
21		4				
22		4				
23		4				
24		4				
25		4				
26		4				
27		4				
28		4				
29		4				
30		4				
31		4				
32		4				
33		4				
34		4				
35		4				
36		4				
37		4				
38		4				
39		4				
40	1					
41	1					
42	1					
43	1					
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	6					
TOTAL DEP.	90					
TOTAL CLAIMS	96					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55		2				
56		2				
57		2				
58		2				
59		2				
60		2				
61		2				
62		2				
63		2				
64		2				
65	1					
66	1					
67	1					
68	1					
69	1					
70		3				
71		3				
72		2				
73		2				
74		1				
75		1				
76		1				
77		2				
78		2				
79		2				
80		2				
81		2				
82		2				
83		2				
84		2				
85		2				
86		2				
87		4				
88		4				
89		4				
90		4				
91		4				
92		4				
93		4				
94		4				
95	1					
96	1					
97	1					
98	1					
99		1				
100		4				
TOTAL IND.	15					
TOTAL DEP.	188					
TOTAL CLAIMS	203					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS